



**Division of Regulation and Licensure  
Section for Long Term Care Regulation**

# **LTC BULLETIN**

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## **Partnering for Change**



### **Providers Attend State Surveyor Training**

The 2008 Annual Surveyor Training was held at The Lodge for Four Seasons, Lake of the Ozarks on November 19 - 21. Each year, the Division of Regulation and Licensure (DRL) provides this three-day integral training to regional, home-based and central office surveyors, managers, and support staff. The training offers education and resources on a variety of topics, such as updated survey protocol, current standards of practice, and additional information to help meet the federal performance standards.

DRL collaborated with the industry associations and the State Ombudsman's office to provide additional slots allowing representatives from the hospital, long term care, hospice, and home health industries the Division of Regulation and Licensure regulates the opportunity to register for this training. Industry representatives that attended the training were able

to hear the same information and converse with the speakers and state surveyor staff. The three-day training was a rare opportunity for state surveyor staff and industry representatives to learn together and from each other.

The training ended with a special session, Culture Change, presented by Carmen Bowman. Ms. Bowman, a former Colorado state surveyor and former policy analyst with the Centers for Medicare and Medicaid Services, provided an interactive and compelling session focusing

on changing the culture of care planning – a person-directed approach.

The attendees walked away from this training realizing that a common goal is shared and that is to ensure the quality of life and care for each of Missouri's residents and patients.



Carmen Bowman speaking on the last day.

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## *Seeking Qualified Nursing Professionals to Assist with Training Program*

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**A**n exciting new training program designed for nurses working in long term care settings is under development by the Section for Long Term Care Regulation (SLCR) along with facility and industry association representatives. The training program, Furthering Education for Nurses Who Care for the Elderly or FENCE, will provide nurses enhanced training in assessment, evaluation, and intervention as well as teaching the skills in the supervision and leadership of other caregivers.

SLCR has entered into a contract with the Missouri Center for Career Education (MCCE) at the University of Central Missouri to develop the curriculum and instruction manuals for the FENCE program. The FENCE development process is being led by the FENCE Advisory Committee which is composed of SLCR staff, representatives from long term care facilities, and representatives from both professional nurse and long term care associations.

The FENCE Advisory Committee is seeking help in two ways. First, the committee is seeking persons interested in serving as one of the initial instructors for the FENCE program. Under the contract, MCCE will be training up to 100 instructors at five locations around Missouri. Instructors must be an RN with at least two years

of nursing experience and one year of experience in a long term setting as an RN, LPN, or CNA. The instructor training is tentatively set to be eight hours in length with mileage to and from the training site to be paid. No specific dates have been set for the training but it is anticipated that the sessions will be held during the period from July to September 2009. Secondly, the committee is seeking practitioners interested in helping MCCE with testing and validation of the online components of the FENCE program that includes the student manual, the instructor manual, a list of approved instructors, and a test bank of exam questions. This work will be done during March 2009.

Anyone interested in participating in either of these activities should submit their name and contact information to Linton Bartlett in SLCR's Planning and Development Unit at the following address:

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Section for Long Term Care Regulation  
Department of Health and Senior Services  
3418 Knipp Drive, Suite F  
P.O. Box 570  
Jefferson City, MO 65102-0570  
E-mail: [Linton.Bartlett@dhss.mo.gov](mailto:Linton.Bartlett@dhss.mo.gov)  
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## ***COUNTDOWN TO MDS 3.0***

You may be aware that the Centers for Medicare and Medicaid Services (CMS) is in the process of revising the current Minimum Data Set (MDS). MDS 3.0 is scheduled for implementation on October 1, 2009. The 3.0 version will require a new Resident Assessment Instrument (RAI) manual and training to go along with it. The manual is scheduled to be published in May 2009, as well as CMS will begin "training the trainers."

The RAI process is an important part of individualized care. MDS 3.0 will shift the assessment philosophy from a chart review to having the resident use his/her voice as the source of information. The chart will be a component of obtaining information, but there are four specific tasks requiring the resident to respond to the questions. These assessment areas will include the Brief Interview of Mental Status, Resident Mood Interview, Interview for Daily Preference, and the Pain Assessment Interview. The MDS will continue to drive the survey process, be the basis for the Quality Indicators/Quality Measure (QI/QM) reports, and determine the PPS reimbursement. Currently, CMS is reviewing the data obtained through the Staff Time Resource Intensity Verification (STRIVE) Study. The new Resource Utilization Group (RUG) system will be announced after July 2009.



The software companies have been given the initial specifications for MDS 3.0; however, the final specifications will not be ready until March 2009. Long term care facilities need to look at their current software to see how it is currently working and make plans for obtaining the upgrades to 3.0.

Training opportunities will begin as the information becomes available. CMS is encouraging facilities to practice with the new Interview Assessments. The Regional MDS Coordinator Support Group Meetings will focus on Interviewing Techniques and the actual assessments that will be used. Administrators are encouraged to allow their MDS Coordinators to attend these free educational opportunities. A schedule of the upcoming meetings can be found at [www.nursinghomehelp.org/supgr.html](http://www.nursinghomehelp.org/supgr.html).

The MDS 3.0 workshops are anticipated to be held this summer. The Section for Long Term Care Regulation, QIPMO, and the state long term care associations will keep you posted on new information as it becomes available.

Any questions regarding the MDS can be sent to Joan Brundick, State RAI Coordinator, by e-mail at [joan.brundick@dhss.mo.gov](mailto:joan.brundick@dhss.mo.gov) or by phone at 573-751-6308.

## Making Caring Connections

### *Continuity of Care Transfer Project*



Transferring residents to and from hospitals and long term care centers poses unique challenges. Many of these transfers are unplanned, result from unanticipated medical problems, and occur during off hours such as nights and weekends. They often involve staff and clinicians who do not know the patient and often occur so quickly that important information about the patient is not communicated accurately or in a timely manner.

Representatives from the Missouri Department of Health and Senior Services (DHSS), long term care practitioners, providers, and associations make up the Long Term Care Best Practice Coalition. During May 2009, the coalition endorsed a transfer process known as the “Continuity of Care Transfer Project” as a best practice. This project is the result of a task force of hospital and long term care representatives who worked closely with the coalition devising a recommended transfer process, including model transfer forms and guidelines for long term care centers and hospitals. The coalition hopes the process will result in the timely communication of accurate and complete information

when patients and residents are transferred to and from hospital emergency departments, nursing units, and long term care communities.

Every hospital and long term care facility received a copy of a guide to implementation toolkit. This guide presents an overview of the recommended process, as well as a summary of the benefits health care facilities can receive by implementing this process. A CD with sample forms and guidelines, as well as implementation and training resources, is included for facilities to use for adapting to their individual needs and requirements.

During the transfer process, the coalition recommends the following procedures for all hospitals and long term care centers.

- complete the appropriate transfer form
- fax the form to the receiving facility
- send a copy of the form and recommended patient records with emergency medical services or the patient/resident
- call the receiving facility to give a verbal report
- communicate key information with receiving physicians



## Making Caring Connections...

Because of facility variance in medical record requirements, the coalition is not suggesting that all hospitals and long term care communities adopt the model forms and guidelines as presented. Rather, the coalition recommends that all facilities do one of the following:

- use the model forms and guidelines as written,
- modify them to meet your facility needs, or
- modify your existing forms to include the data elements included in the model form.

Please reach out to the hospitals in your community to collaborate on implementing the transfer process.

The “Continuity of Care Transfer Project” resources can be obtained from the DHSS Web site at: <http://www.dhss.mo.gov/BestPracticesCoalition/BestPractices.html>. For more information, contact your long term care association or the Section for Long Term Care Regulation at (573) 526-8524.

## Policy Unit Tips

### Is it time to apply or renew?

Are you a provider who needs to obtain approval for an exception to long term care licensure rules or for a second business within a long term care facility? Below are tips to ensure compliance with the state regulations.

#### Exceptions Request (State Regulation 19 CSR 30-82.010 (4))

The Department of Health and Senior Services (DHSS) may grant exceptions for **specified** periods of time to any rule imposed by them if they have determined that the exception to the rule would not potentially jeopardize the health, safety, or welfare of any resident in a long term care facility.

#### Second Business Request (State Regulation 19 CSR 30-85.032 (48) and 19 CSR 30-86.032 (3))

Do you have a second business within your facility, such as, home health, physician's office, outpatient therapy, pharmacy, ambulance services, childcare, or food service? DHSS may grant approval for a second business within the facility for up to two years.

- To ensure that the facility is in compliance, copies of the instructions to obtain approval for an exception or a second business are found on the DHSS Web site:

- Long Term Care Applications and Forms -  
• <http://www.dhss.mo.gov/NursingHomes/AppsForms.html>

- Long Term Care Provider Information -  
• <http://www.dhss.mo.gov/NursingHomes/ProviderInfo.html>

- DHSS Topics A-Z -  
• <http://www.dhss.mo.gov/TopicsA-Z/index.html>

- If you have questions, contact the Section for Long Term Care Regulation's Policy Unit:

Exceptions requests or approvals - (573) 526-8570

Second Business requests or approvals - (573) 522-6154

## *Life Choices*



### *Educating for the maximum benefit for end-of-life care*

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Approximately 25% of all deaths in Missouri occur in long term care facilities annually. Some national sources have projected that by 2020, 40% of deaths will occur in long term care facilities. The issues surrounding end-of-life care are emotional and difficult ones for the resident, family, and facility staff alike.

State regulations, 19 CSR 30-88.010 Resident Rights, require each facility to inform their residents (or their next of kin or legally authorized representative) prior to admission, and annually thereafter, of the following: the facility's policies on emergency and life-sustaining care, of an individual's right to make treatment decisions for himself/herself, and of state laws related to advance directives for health care decision making. Additionally, these regulations indicate that all residents should be given the opportunity to participate in the planning of their care and have the right to refuse treatment. Therefore, these difficult end-of-life issues cannot be avoided.

In an effort to assist facility staff members to deal with end-of-life care issues, the Department of Health and Senior Services (DHSS) along with the Missouri-End-of-Life Coalition's End of Life in the Nursing Home Task Force developed a resource manual, "Guidelines for End-of-Life Care in Long-Term Care Facilities," which was completed in 2003. This manual emphasizes developing palliative care goals as well as the importance of advanced, individualized care planning by an interdisciplinary team that includes the resident, family, physician, nurses and nurses aides involved in the resident's care, social worker, activities staff, and dietitian. The manual includes, as an appendix, a publication from the Center for Practical Bioethics (formerly the Midwest Bioethics Center), "Considerations Regarding Life-Prolonging Treatment for Residents of Long-Term Care Facilities," that contains policy guidelines on issues surrounding life-prolonging treatment decisions for residents of long term care facilities.

This helpful resource manual is available to download from the following Web sites:

DHSS Web site: <http://www.dhss.mo.gov/showmelongtermcare/EndofLifeManual.pdf>

Missouri End-of-Life Coalition Web site:  
<http://www.mo-endoflife.org/resources/publications.php>

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The *LTC Bulletin* is published quarterly by the Section for Long Term Care Regulation and is distributed to all Missouri long term care facilities. Suggestions for future articles may be sent to [Sally.McKee@dhss.mo.gov](mailto:Sally.McKee@dhss.mo.gov), or you may call (573) 526-8514.